



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR ADDITIONAL CERTIFICATES OF LICENSE TO TEACH

SECTION I: VITAL INFORMATION

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE

FEMALE

PHONE NUMBERS

H

W

SECTION II: APPLICATION DATA

A. LIST THE REQUESTED ADDITIONAL CERTIFICATE(S) OF LICENSE TO TEACH:

Subject Area	Grade Level	Subject Area	Grade Level	Subject Area	Grade Level

B. EDUCATIONAL DATA: ORIGINAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES LISTED MUST BE SUBMITTED WITH THIS APPLICATION IF ADDITIONAL COURSEWORK WAS COMPLETED TO ADD THE AREA.

COLLEGE/UNIVERSITY	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	

C. PRAXIS II TEST OPTION: MUST HOLD A VALID LIFE/PROFESSIONAL CERTIFICATE OF LICENSE TO TEACH

Individuals applying for additional Missouri certificates utilizing Praxis II test results must attach a copy of an official score report from the Educational Testing Service (ETS) for each area of certification requested.

Test Number	Score	Test Number	Score	Test Number	Score
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D. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

YES NO

1. Have you ever been charged with, convicted or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?

[*View the Social Security Number Disclosure](#)

E. SWORN AFFADAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

F. IF DETERMINED TO BE ELIGIBLE UPON REVIEW OF MY TRANSCRIPTS AND/OR TEST SCORE(S), I HEREBY REQUEST THAT THE APPROPRIATE CLASSIFICATION AND CERTIFICATE AREA(S) BE ISSUED.

APPLICANT'S SIGNATURE**DATE****SECTION III: VERIFICATION OF APPROVED TEACHING EXPERIENCE**

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

NOTE: If you are not currently employed with an accredited Missouri school district teaching experience **MUST** be documented on the Verification of Teaching Experience form. The form must be signed by an official of the school system where you taught. You may download the form from the following web address: <http://www.dese.mo.gov/divteachqual/teachcert/forms.html>.

Total teaching experience at previous district(s) _____ years _____ months

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

TITLE OF SCHOOL OFFICIAL

SCHOOL DISTRICT

SCHOOL ADDRESS

SCHOOL TELEPHONE

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

PLEASE RETURN THIS FORM TO**EDUCATOR CERTIFICATION, PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.****ORIGINAL SIGNATURE REQUIRED—NO FAXES OR PHOTOCOPIES.**www.dese.mo.gov